

Verification of Student Enrollment Form

(Form must be filled out completely – Ready the next business day)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Birthdate (required): _____

Student Signature: _____ Date: _____

Mail to: _____

-OR-

Fax to: _____ () _____
Company Name

-OR-

I will pick up (Bring Photo I.D.)

-OR-

I give permission for _____ to pick up my enrollment verification letter. (Bring Photo I.D.)

Semester(s) to verify: _____

Send copy to Financial Aid: Yes () No ()

Provide expected date of graduation: Yes () No ()

Please verify completion of degree: Yes () No ()

- Type of Degree: _____

Or, please provide proof of non-attendance (check one):

() I have never attended your college () I am **not** currently enrolled this semester

**Sorry, we are unable to
verify future semesters.**

SANDHILLS COMMUNITY COLLEGE

ATTN: Linda Fowler

Scan and email this request to: fowlerl@sandhills.edu

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Pinehurst, NC 28374

(910) 695-3740 – LINDA FOWLER

(910) 695-3981 – FAX NUMBER